

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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PHARMACY EXAMINING BOARD

INFORMATION FOR PHARMACISTS LICENSED IN ANOTHER STATE SEEKING LICENSURE IN WISCONSIN

Applicants currently registered to practice as a pharmacist in another state and who has graduated from a school, college or department of pharmacy approved by the board, may file an application for licensure by reciprocity (Ch. 450, Stats.).

APPLICATION STATUS

Once an application is filed with the Department we will mail you a check sheet within 10-15 *working* days. The check sheet will include an identification number that allow you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days *of receipt* of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

INSTRUCTIONS TO APPLICANT APPLYING FOR LICENSURE BY RECIPROCITY

- ☐ 1. Completed and notarized application (Form #608) with appropriate fees.
- ☐ 2. Complete page 6 of 6 (Form #608) Social Security Number.
- ☐ 3. Complete the enclosed "NABP Preliminary Application for Transfer of Pharmaceutic Licensure." Mail the completed Preliminary Application and required fee to the National Association of Boards of Pharmacy, Mr. Carmen A. Catizone, Executive Director/Secretary, 700 Busse Highway, Park Ridge, IL 60068. The NABP OFFICIAL APPLICATION will be mailed to you with instructions for completion. Mail the completed NABP OFFICIAL APPLICATION to the Department of Regulation and Licensing, Pharmacy Examining Board, PO Box 8935, Madison, WI 53708-8935.
- ☐ 4. Complete the "Eligibility for Transfer of Pharmaceutical Licensure Based on Active Practice of Pharmacy" (Form #1303) to determine whether any state board examinations may be waived. Submit this form with the "Pharmacist Licensure" application to the Department of Regulation and Licensing, Pharmacy Examining Board, P.O. Box 8935, Madison, WI 53708-8935.
- ☐ 5. FPGEC Certification (Foreign graduates only).
- ☐ 6. Copy of Translated Diploma (Foreign graduates only).
- ☐ 7. Complete MPJE registration form and attach required fee. Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068.
- ☐ 8. Copy of document regarding any name change or address change other than filed previously with the board.
- ☐ 9. Convictions and Pending Charges form #2264 if applicable.

Your application, fees, and all required documents must be on file in the board office no later than 4:30 PM 45 days prior to the date of the examination.

Wisconsin Department of Regulation & Licensing

FOREIGN GRADUATES: Applicants must be certified by the FPGEC. Submit evidence of having obtained certification by the Foreign Pharmacy Graduate Examination Committee. Information on the FPGEC can be obtained from: NABP, 700 Busse Hwy, Park Ridge, IL 60068, (847) 698-6227, www.nabp.net.

DEFINITIONS

"Active practice of pharmacy means having engaged in at least 2,000 hours of the practice of pharmacy within the 12 months preceding application for licensure in Wisconsin or at least 2,000 hours of the practice of pharmacy comprised of no less than 500 hours in each of 3 of the 4 twelve month periods preceding application for licensure in Wisconsin." (Wis. Admin. Code § PHAR 2.06(a))

"Practice of pharmacy means any of the following: interpreting prescription orders; compounding, packaging, labeling, dispensing, counseling, and distributing drugs and devices; monitoring drug therapy and use; initiating, modifying or administering drug therapy in accordance with written guidelines or procedures previously established and approved for his or her practice by a practitioner authorized to prescribe drugs; participation in drug utilization reviews and drug product substitution as authorized in Ch. 450, Stats.; proper and safe storage and distribution of drugs and devices and maintenance of proper records of drugs and devices; providing information on prescription and non-prescription drugs and devices which may include, but is not limited to, advice on therapeutic values, hazards and the uses of drugs and devices, and performing those acts, services, operations or transactions necessary in the conduct, operation, management and control of a pharmacy."

A recent change in the law, Wis. Stats., § 450.03(1)(g), now also permits an otherwise unlicensed person to practice pharmacy in this state if:

- 1) they are licensed as a pharmacist in another state,
- 2) they file an application for a pharmacist license in Wisconsin pursuant to Wis. Stats., § 450.05,
- 3) they work under the direct supervision of a person licensed as a pharmacist by the board, and;
- 4) they work during the period before which the board takes final action on their application.

Accordingly, the board in its internship rule definitions at Wis. Admin. Code § Phar 17.02(4), has included this class of persons within the definition of 'intern'. The board took this action to clarify that persons performing pharmacy practice under Wis. Stats., § 450.03(1)(g), would be considered interns under Wis. Admin. Code § Phar 7.01.

To practice as an intern there is nothing to file with the board EXCEPT an application for licensure under Wis. Stats. § 450.05. No other internship credit hours are needed or reported in order to qualify for licensure under Wis. Stats. § 450.05.

PLEASE NOTE: If you are currently licensed as a pharmacist in another state, you CAN NOT practice pharmacy as an intern UNTIL you file an application for licensure in Wisconsin under Wis. Stats. § 450.05. You could perform job duties as a pharmacy technician under Wis. Admin. Code § Phar 7.015 whether or not you file an application for licensure in Wisconsin under Wis. Stats. § 450.05.

REQUIRED EXAMINATIONS

Competencies tested are the basic principles of the practice of pharmacy and are limited to those competencies to protect public health and safety. (Ch. PHAR 4.02.)

A candidate who is found to have been engaged in the active practice of pharmacy will **ONLY** be required to take the MPJE.

A candidate who is found **NOT** to have been engaged in the active practice of pharmacy will be required to take the MPJE and the Patient Consultation examination component of the Practical examination.

1. Verification of completion of the NAPLEX or NABPLEX examination from the state of original licensure.
2. **MULTISTATE PHARMACY JURISPRUDENCE EXAMINATION (MPJE)** (website: www.nabp.net):
The MPJE is a computer-adaptive examination developed by the National Association of Boards of Pharmacy (NABP). The MPJE Registration Bulletin accompanying this application provides information on test dates, registration information and content of the MPJE examination.
3. **PRACTICAL EXAMINATION:**
The Wisconsin patient consultation examination is a practical examination that is conducted in Madison. Approximately 10 days before the scheduled date of the examination, an admission ticket will be mailed to each eligible candidate.

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PHARMACY EXAMINING BOARD

GENERAL INFORMATION

EXAMINATIONS:

Candidates for licensure must complete the following examinations:

Multi-State Pharmacy Jurisprudence Examination (MPJE)

North American Pharmacist Licensure Examination (NAPLEX) (website: www.nabp.net):

These examinations are computer-adaptive examinations developed by the National Association of Boards of Pharmacy (NABP). The NAPLEX/MPJE Registration Bulletin accompanying this application provides information on test dates, registration information and content.

Admission to NAPLEX and MPJE Examinations:

1. Graduates from approved schools

If you will be graduating from a school or college of pharmacy approved by the board you will not be admitted to the NAPLEX or MPJE examination prior to 60 days before graduation without submitting proof directly from your school/college of pharmacy. Please contact your school/college to have a letter forwarded directly to the Board office.

2. Foreign graduates

If you are a foreign pharmacy graduate seeking original licensure you will not be admitted to the NAPLEX or MPJE examination prior to first filing proof with the board of obtaining certification by the "Foreign Pharmacy Graduate Examination Committee" (FPGEC) and being within 360 credit hours of completing an internship in the practice of pharmacy.

Practical Examination:

The Wisconsin patient consultation examination is a practical examination that is conducted in Madison. Approximately 10 days before the scheduled date of the examination, an admission ticket will be mailed to each eligible candidate. An applicant may not be admitted to the practical examination before the test date which immediately follows completion of the applicant's internship in the practice of pharmacy.

Competencies for Patient Consultation Examination

The patient consultation examination is designed to measure minimum competency for safe practice as a pharmacist. The questions on the examination are designed to evaluate the candidate's job related knowledge of dispensing medications and patient consultation.

The following 9 basic points are covered on the examination:

1. Introduction to counseling (establish contact and relationship, conduct a drug regimen review and an allergy assessment)
2. Name and purpose of the medication
3. Directions for use of the medication (how, when, how long)
4. Communicating cautions that may affect the medication prescribed
5. Explaining untoward effects and appropriate actions to minimize these effects
6. Proper storage of the medication
7. Determination of patient understanding
8. Discussion of refill medication
9. Appropriate language (clear and audible voice, use of common words, appropriate pace, accuracy and appropriateness of content)

Wisconsin Department of Regulation & Licensing

DATES FOR ADMINISTRATION OF THE PRACTICAL EXAMINATION:

For current examination dates please view the Department website at <http://drl.wi.gov/prof/phar/exams.htm>.

EXAMINATION RESULTS:

Within 30 days after a State licensing examination is administered, the board will notify each examinee of the results of the examination. However, if an examination is graded by a national testing service, the board will notify each examinee of the results of the examination within two weeks from the time the board office receives the results. No examination results will be given by telephone. To check your pass/fail status call the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the website: <http://drl.wi.gov>. Look under “Applicant Services.”

REVIEW OF EXAM BY CANDIDATES:

There is no provision for a candidate's review of either the NAPLEX or MPJE examination. Any questions that a candidate may have relating to these examinations must be submitted to the board office in writing within 30 days after notice of examination results. Candidates that are unsuccessful on the patient consultation exam are entitled to a review of the exam. Additional information will be provided to failing candidates regarding the requirements for the review.

Direct any review related questions to the office of examinations at the address shown on the front of these instructions.

PASSING SCORES:

The passing scores set by the board represent the minimum competency essential for safe practice. The board may employ and cooperate with any organization or consultant in the development and grading of an examination, but will retain the responsibility of determining which applicants have successfully passed the examination. An applicant must earn passing scores on each required examination to qualify for licensure as a pharmacist in the State of Wisconsin.

A score of at least 75.0 is required to pass the NAPLEX, MPJE and the Wisconsin Patient Consultation Examination.

REQUESTS FOR MODIFICATION OF EXAMINATION PROCEDURES TO ACCOMMODATE A DISABILITY:

Applicants wishing a modification of examination procedures are asked to provide a written description of modifications desired, and a written statement from a qualified professional attesting to the need prior to the board meeting preceding the examination (one to two months prior to the exam date). Applicants may contact the Office of Examinations at (608) 266-2852 to discuss these procedures.

REFUNDS:

Applicants who are found unqualified to take an examination will receive a refund of all but \$10.00 of the fee. Applicants who provide written notice 10 days in advance that they are unable to take an examination for which they have been scheduled will receive a refund of all but \$10 of the examination fee. Applicants who fail to give written notice will receive a refund of all but \$10 of the examination fee if their failure to appear resulted from extreme personal hardship as determined by the department. Applicants eligible for a refund may choose instead to take an examination administered within 18 months of the originally scheduled examination at no additional charge.

CHANGE OF ADDRESS:

A change of address must be reported to the board within 30 days.

NAME TO BE USED:

For employment purposes, use the name on your file in the Pharmacy Examining Board office. You will not be identified as being licensed if any other name is used. Credentials received in a name other than that on the original application shall be supported by a change of name affidavit, such as a copy of marriage license or divorce decree.

CONTINUING EDUCATION:

30 hours of continuing education is required for renewal of the Wisconsin license. This coursework must be ACPE approved. You may contact ACPE at (312) 664-3575. This will be effective for the biannual periods of May 31-even years through June 1-even years. NOTE: This does not apply for a first time renewal.

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PHARMACY EXAMINING BOARD

ELIGIBILITY FOR TRANSFER OF PHARMACEUTICAL LICENSURE BASED ON ACTIVE PRACTICE OF PHARMACY

Information requested is required for processing.

Please type or use black ink. (Completion of this form is required by Ch. Phar 2)

I, _____, hereby apply for a Wisconsin pharmacist's license by transfer of pharmaceutical licensure with the State(s) of _____, license number(s) _____ issued _____.

Active practice of pharmacy is defined in Chapter Phar. 2.06, Wis. Adm. Code. ALL HOURS ENTERED MUST BE AFTER YOUR LICENSE WAS GRANTED

1. Complete a. or b. below to establish active practice of pharmacy:
 - a. I have been engaged in _____ hours (minimum of 2,000 hours is required) in the practice of pharmacy within the 12 months preceding application for licensure in Wisconsin.
 - b. I have been engaged in at least 2,000 hours of the practice of pharmacy comprised of no less than 500 hours in each of 3 of the 4 12-month periods preceding application for licensure in Wisconsin. Hours must be broken down by year. If total number of hours are not broken down, waiver of the Patient Consultation examination can not be considered.
 1. Total of _____ hours in the preceding 12 months;
 2. Total of _____ hours in the preceding 13-24 months;
 3. Total of _____ hours in the preceding 25-36 months;
 4. Total of _____ hours in the preceding 37-48 months.
2. Check one or more of the categories listed below which would indicate the type of practice of pharmacy which you have been engaged in for the total number of hours entered above:
 - a. Lecturer/Teacher in Pharmacy _____
 - b. Administrator of Hospital Pharmacy _____
 - c. Non-credit Internship _____
 - d. Community Pharmacist _____
 - e. Pharmaceutical Representative _____
 - f. Nuclear Pharmacist _____
 - g. Residency _____
 - h. Hospital Pharmacist _____
 - i. Other (indicate type) _____
3. Enter the percentage of time, in one or more of the categories listed below that you have been engaged in the practice of pharmacy. The total must equal 100 percent.

	Percentage
a. Interpreting prescription orders	a. _____
b. Compounding, packaging, labeling, dispensing, administering and coincident distribution of drugs and devices	b. _____
c. Monitoring of drug therapy	c. _____
d. Initiation or modification of drug therapy in accordance with written guidelines or protocols previously established and approved for a pharmacist by a practitioner authorized to prescribe drugs.	d. _____
e. Participation in drug utilization reviews.	e. _____
f. Proper and safe storage and distribution of drugs and devices and maintenance of proper records thereof.	f. _____
g. Provision of information on legend and non-prescription drugs which may include, but is not limited to, advice relating to therapeutic values and potential hazards and the uses of drugs and devices.	g. _____
h. Drug product selection.	h. _____
i. The performing of those acts, services, operations or transactions necessary in the conduct, operation, management and operation of a pharmacy.	i. _____
j. Other _____	j. _____
	Total _____
	100%

Wisconsin Department of Regulation & Licensing

4. Name, address and telephone number of individual who may be contacted to verify the above.

I am not currently nor have I in the past practiced pharmacy while my ability to practice is or has been impaired by alcohol or other drugs or physical or mental disability or disease. Under penalties of perjury I declare that I have personally completed this form, and that the information on this form is true and correct to the best of my knowledge and belief.

Date _____ Signature _____ Name (Please print) _____
Address _____ City _____ State _____ Zip _____ Phone (____) _____

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 11/02) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

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PHARMACY EXAMINING BOARD

PHARMACIST LICENSURE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.
PLEASE TYPE OR PRINT IN INK ☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

School of Pharmacy: _____

School Code: _____
(See NAPLEX/MPJE bulletin)

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: BS-PHARM 5 year
PHARM.D. 6 year
(Circle one or both)

APPLICATION FEES

Please see page 2 of 7

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

APPLICATION FEE CHANGES

PHARMACISTS

APPLICATION FEES

Please check applicable blank.

ORIGINAL LICENSURE EXAM CANDIDATES

_____ **NAPLEX MPJE & PRACTICAL**
\$ 326.00 Exam Fee
\$ 53.00 Initial Credential Fee
\$ 19.00 DOA Exam Fee
\$ 398.00 Total Fee *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS \$ 430.00 NAPLEX FEE *(Attach certified check or money order made payable to NABP with completed NAPLEX registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

PLUS \$ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

POSSIBLE ADDITIONAL EXAMINATION FEE: \$266.00

If you are not engaged in the active practice of pharmacy (see Form #1303), you will be notified to register for the practical examination and pay the fee.

APPLICATION FEES

Please check applicable blank.

ORIGINAL LICENSURE NAPLEX SCORE TRANSFER

_____ **MPJE & PRACTICAL** (NAPLEX taken elsewhere)
\$ 311.00 Exam Fee
\$ 53.00 Initial Credential Fee
\$ 19.00 DOA Exam Fee
\$ 383.00 Total Fee *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS \$ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

ENDORSEMENT/RECIPROCITY CANDIDATES

_____ **MPJE**
\$ 45.00 Exam Fee
\$ 97.00 Initial Credential Fee
\$ 19.00 DOA Exam Fee
\$ 161.00 Total Fee *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS \$ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form. **Forward fee and form to NABP, 700 Busse Hwy., Park Ridge, IL 60068**)*

POSSIBLE ADDITIONAL EXAMINATION FEE: \$266.00

If you are not engaged in the active practice of pharmacy (see Form #1303), you will be notified to register for the practical examination and pay the fee.

AN APPLICATION FOR LICENSURE IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Original Licensure Exam Candidates

Application form (Form #608)
Appropriate fees attached
Social Security Number Collection Form (Page 6 of 6 Form #608)
Certificate of Professional Education (Form #2512)
Proof of Internship completion (1500 hours required)
FPGEC Certification (Foreign graduates only)
Copy of Translated Diploma (Foreign graduates only)
MPJE and NAPLEX forms completed and fees attached (**send directly to NABP**)
MPJE and NAPLEX exam results
Letter from school/college of pharmacy of anticipated graduation date (if applicable)
Practical exam results
Convictions and Pending Charges form #2264 (if applicable)

Original Licensure NAPLEX Score Transfer

Application form (Form #608)
Appropriate fees paid (this includes initial practical examination fee)
Social Security Number Collection Form (Page 6 of 6 Form #608)
Certificate of Professional Education (Form #2512)
Proof of Internship completion (1500 hours required)
FPGEC Certification (Foreign graduates only)
Copy of Translated Diploma (Foreign graduates only)
MPJE form completed and fee attached (**send directly to NABP**)
MPJE exam results
Letter from school/college of pharmacy of anticipated graduation date (if applicable)
NAPLEX exam results
Practical exam results
Convictions and Pending Charges form #2264 (if applicable)

Wisconsin Department of Regulation & Licensing

Persons Licensed in Another State (s. 450.05 candidates)

Application form (Form #608)

Appropriate fees paid

Social Security Number Collection Form (Form #2380)

NABP Official application for transfer of Pharmaceutical Licensure

MPJE form completed and fee attached (**send directly to NABP**)

MPJE exam results

Eligibility for Transfer of Pharmaceutical Licensure based on Active Practice of Pharmacy (Form #1303)

If not 450.05 exempt, based upon meeting the definition of the active practice of pharmacy (Form #1303), practical examination fee and exam results

FPGEC Certification (Foreign graduates only)

Copy of Translated Diploma (Foreign graduates only)

Convictions and Pending Charges form #2264 (if applicable)

A. INTERN PHARMACIST INFORMATION

Applicants who earned internship hours under an internship certificate issued by the Pharmacy Internship Board, or by another state, complete the following:

1. Internship hours earned in Wisconsin: _____ Internship Certificate grant date: _____ Certificate#: _____
2. Internship hours earned in another state: _____ Yes _____ No State: _____

Instructions for submitting proof of internship credit:

Required: 1500 internship hours minimum in aggregate in any of the following categories;

***(Any combination may be used to arrive at total credited hours.)**

1. Wisconsin Pharmacy Internship Board (PIB) credit for internship:
 - a. Verified PIB hours earned prior to December 31, 2001, and/or;
 - b. Current internship certification forms may be used to account for internship hours earned prior to December 31, 2001.
2. Internship credit for pharmacy practice outside of Wisconsin:
 - a. Verification form, #2537 to be completed and returned from the credentialing authority granting credit for internship hours. (A verification form from a credentialing authority substantially meeting the requirements of form #2537 will be accepted.)
3. Internship credit for pharmacy practice after January 1, 2002:
 - a. For general internship information and requirements please refer to the internship rules and Frequently Asked Questions which are included with this application.
 - b. Hours claimed for credit must be evidenced by the submission of applicable certification or verification forms.
 - c. Certification or verification of completed internship hours must be directly submitted to the board from the applicant's school of pharmacy, educational institution or a licensing entity located in another state
 - d. Certification of completed internship hours for all other internship categories may be submitted by the applicant or supervising pharmacist.
 - e. The necessary forms for internship certification and verification are enclosed with this application. The enclosed forms may be copied.

B. FOREIGN GRADUATES

Is your school of pharmacy a 5 or 6 year program? _____ Yes _____ No If not, list number of years _____

FPGEC EXAM TAKEN

CERTIFICATE ISSUED

CERTIFICATE NO.

DATE ISSUED

_____ Yes _____ No

_____ Yes _____ No

- ## C. LIST ALL STATES IN WHICH YOU ARE NOW OR HAVE EVER BEEN CREDENTIALLED.
- (Request verifications of credential from all state boards where credentialed.)**

Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a pharmacist" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate pharmaceutical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform pharmacy tasks such as dispensing and compounding of pharmaceuticals with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

Wisconsin Department of Regulation & Licensing

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 10. Do you have a medical condition which in any way impairs or limits your ability to practice pharmacy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your use of chemical substance(s) in any way impair or limit your ability to practice pharmacy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIDAVIT OF APPLICANT

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Applicant Signature

Date

State of _____

County of _____

Subscribed and sworn before me this _____ day
of _____, 20____
by _____

S E A L

Notary Public, State of _____
My commission expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION PACKET ADDENDUM (INTERNET)

Pharmacist Endorsement/Reciprocity application packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)